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ABSTRACT

Several definitions of learning disabilities are reviewed, and the problem of identifying learning disabilities in a Catholic Elementary School is examined. Described are identification instruments, methods of reporting pupil progress, and followup procedures used in the project. (CL)

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THE
SAINT. GILES L. D. IDENTIFICATION
PROJECT

Presented on August 10, 1976, at the Third International Scientific Conference
of the International Federation of Learning Disabilities
held in Montreal, Quebec, Canada.

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THE SAINT GILES L. D. IDENTIFICATION PROJECT

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Children of The Ashlock Learning Center who did collating of forms, etc.

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present Principal of St. Giles School

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St. Giles School

Sister Caroline Walsh, O.P. Clerical Assistant, St. Giles
Convent

Mr. John Sullivan, Former member of St. Giles School Board

Staff members of St. Giles School

PART ONE

L.D.--The Definition

April 6, 1963--Doctor Samuel Kirk:

I have felt for some time that labels we give children are satisfying to us, but of little help to the child himself. We seem to be satisfied if we can give a technical name to a condition. This gives us the satisfaction of closure. We think we know the answer if we can give the child a name or a label--brain injured, schizophrenic, autistic, mentally retarded, aphasic, etc. . . . the term 'brain injured' has little meaning to me from a management point of view. It does not tell me whether the child is smart or dull, hyper-active or under-active. The terms cerebral palsy, brain injured, mentally retarded, aphasic, etc., are actually classification terms. In a sense they are not diagnostic, if by diagnostic we mean an assessment of the child in such a way that leads to some form of treatment, management, or remediation. In addition, it is not a basic cause since the designation of a child as brain injured does not really tell us why the child is injured or how he got that way.

Recently, I have used the term 'learning disabilities' to describe a group of children who have disorders in development in language, speech, reading, and associated communication skills needed for social interaction. In this group I do not include children who have sensory handicaps such as blindness or deafness because we have methods of managing and training the deaf and the blind. I also exclude from this group children who have generalized mental retardation. (Kirk, 1963, pp. 2-3)

Wiederhold (in Mann and Sabatino, 1974, p. 142) noted the importance of this speech of Doctor Kirk's in beginning the "learning disabilities" movement.

Good (1973, p. 185) contributed the significant idea of discrepancy:

. . . an educationally significant discrepancy between a child's apparent capacity for language behavior and his actual level of language functioning, may be either a retardation, a disorder, or a delayed development in one or more of the processes of speech, language, reading, spelling, writing, or arithmetic, resulting from a possible cerebral dysfunction and/or emotional behavioral disturbance and not from mental retardation, sensory deprivation, or cultural or instructional factors.

Figure 1.1, p.1) has raised the very important issue of the child's not profiting from attendance in a regular public school class:

... a child is said to have a learning disability if his school achievement is more than one year below his mental age, and if he cannot get along or profit from attendance in a regular public school class despite normal intellectual potential (i.e., an absence of mental retardation) and a lack of gross motor impairment.

Lerner, (1971, p. 299) has given one of the most comprehensive (and most useful) definitions:

Based on definition provided by the National Advisory Committee on Handicapped Children, U. S. Department of Health, Education, and Welfare, 1968, a learning disability refers to one or more significant deficits in essential learning processes requiring special educational techniques for its remediation. Children with learning disabilities generally demonstrate a discrepancy between expected and actual achievement in one or more areas, such as spoken, read, or written language, mathematics, and spatial orientation. The learning disability referred to is not primarily the result of sensory, motor, intellectual, or emotional handicap, or lack of opportunity to learn. Deficits are to be defined in terms of accepted diagnostic procedures in education and psychology. Essential learning processes are those currently referred to in behavioral science as perception, integration, and expression, either verbal or nonverbal. Special education techniques for remediation require educational planning based on the diagnostic procedures and findings.

Personally, I do not favor the term, "learning disabilities:"

Kephart (1960, p. 122) makes reference to a dichotomy of terminology in the field--learning problems (learning difficulties) versus learning disabilities. According to Kephart, when a child has a learning problem, he has not experienced sufficient motor learning. If he has a learning disability, he has a medical or physiological reason for his impairment and should be referred for medical treatment.

Kephart has alluded to a distinction in terminology; Ashlock has delimited the distinction This finer distinction is that a learning disability is an educational problem for which there is no apparent solution at this time. A learning difficulty is a term applied to an educational problem for which there is a pretty good possibility of at least a partial solution (Dervin in Ashlock, 1969, p. 55).

When I first started to work on the problem of how a Catholic school could set up a learning disabilities program, I set out to research the topic. The research did not take long, because I was unable to find any literature which was significant to me. Caught in this dilemma, I decided that my next step should be to select a Catholic school which was interested in children with learning problems and offer to help that school identify its "learning disabled" children.

The Ashlock Learning Center was founded on February 12, 1968, as a facility designed for testing and tutoring children who had learning problems. By August of the same year, we realized that some of the children we were tutoring needed a full day special educational program. During that summer I was teaching a course in educational psychology at Rosary College in River Forest. One day I announced to my class my intention of founding a full time school for children with learning disorders, and asked the students if anyone knew where I could obtain space. One of the young sisters directed me to St. Giles, where I obtained the use of one room from the Rt. Rev. James Gleeson. Sister Marie Cornelia, the principal of St. Giles School at the time, graciously permitted us free use of the space. In return, I offered to test some St. Giles children. So began the two and a half year association between The Ashlock Learning Center and St. Giles School.

In January of 1971, our need for more space necessitated our move to the Educational Building of the First Baptist Church in Oak Park where Doctor Ray Johnson was pastor. This is our present location.

In October of 1975, I began to formulate my plans for this presentation. Pleasant memories of St. Giles prompted me to offer my "identification project" to that school, where Sister Carol Coenen is now principal.

While we were located at St. Giles, Sister Mary Dolan had always been a good friend to our Center, and the fact that she had now become Educational Guidance Person at St. Giles also entered into my decision to approach that school. Both Sister Carol and Sister Mary agreed to work with me. The tentative proposal made to Sister Carol and the faculty of St. Giles was:

1. That the administration and faculty of St. Giles would submit the names of children who seemed to be having difficulties learning and/or achieving.
2. That parents would be notified by St. Giles if their children had been included in this list. It was agreed between the administration of St. Giles and me that no child would be tested unless the parents were in complete agreement concerning family participation in the project.
3. When St. Giles School received the permission forms from the parents, checklists were sent to parents and teachers so that background material could be obtained. These checklists included:

The Ashlock Learning Center Checklist of Pre-School Identifying Characteristics for Potential Learning Difficulties. (Ashlock, 1975)

The Ashlock Learning Center Checklist of General Identifying Characteristics for Potential Learning Difficulties. (Ashlock, 1974)

The Ashlock Learning Center Checklist of Primary Level Identifying Characteristics for Possible Learning Difficulties. (Ashlock, 1975)

The Ashlock Learning Center Checklist of Intermediate Level Identifying Characteristics for Possible Learning Difficulties (Ashlock, 1975)

The Ashlock Learning Center Checklist of Junior-Senior
High School Level Identifying Characteristics for Possible
Learning Difficulties (Ashlock, 1975)

The next step was to ask Mrs. Kay Meason, the school nurse at St. Giles, to furnish us with the most recent data on vision and hearing acuity screenings.

The Wechsler Intelligence Scale for Children--Revised (Wechsler, 1974) was then administered to the children. (Hereafter this test will be referred to as the WISC-R.) The actual testing was done by four graduate students from Northeastern Illinois University who were taking a course in individual abilities assessment: Sister Mary Dolan, Mrs. Lynn Reynolds, Ms. Anne Rogers and Ms. Sandra Lynn Moskowitz. As a registered psychologist, I interpreted the test results. Because of these students fulfilling course requirements - and donating time far beyond that required for the course - we were able to do this otherwise expensive testing at no charge to the parents.

Following this, Sister Mary Dolan and I wrote reports detailing:

- a. The vision and hearing auditory screening data
- b. Background data thought to be pertinent
- c. An explanation of the WISC-R results
- d. First level recommendations, including a statement concerning whether the child had been identified (not diagnosed) as an L. D. student.

At this point, we offer our operational definition for an L. D. identification:

- a. On an individually administered intelligence test, at least one of the measured I.Q.'s must be at least 80.
- b. On a test such as one of the Wechslers, a difference of 15 points between or among any of the I.Q.'s.
- c. On the Wechsler, a difference of 3 points or more between or among any of the scaled scores.

- d. A difference of 2 years or more between grade placement and performance in any area as determined by tests chosen with the individual child in mind.
- e. Behavioral difficulties, such as extreme distractibility which make regular classroom instruction impractical.

PART TWO

St. Giles is a Catholic school with 735 pupils, grades K-8. The school has three buildings and covers an area of three quarters of a block. North Oak Park is a middle to upper middle class neighborhood. A large percentage of parents are professional people or white collar workers, although some are blue collar workers and laborers. Our children are white with a few Filipino students adding another small dimension. Sixty percent of our pupils reside in Oak Park; 40% in the Chicago neighborhood adjacent to the suburb.

Two years ago when I first began my work as Educational Guidance Person I had written a job description. One of the entries was to "work with any problem academic or otherwise". I soon found that teachers and parents were looking for help for children having problems in learning and achieving. The term "learning disabilities" left the realm of semantics and became a reality in my life. I began to look around for education for myself and help for students. The first was easier than the second.

At this point in time we found that help was more easily obtained for Oak Park children. Public School District #97 was eager to cooperate in the psychological evaluation of Oak Park students. Through dual enrollment our children could be evaluated and have a prescription written for them within three months. This could be anything from remediation in the St. Giles classroom, to release time to the local public school and in a few cases full time placement in a public school learning disabilities center.

While our Oak Park students were obtaining help, those just across the street in Chicago were feeling the difference of a few blocks and

another school district. Chicago, under the law, had to dual enroll our children and did so willingly. Unfortunately, the Chicago Public School system lags tragically behind in meeting the needs of students. I have had the actual experience of waiting two years for a child's name to come up for an evaluation. And in the few instances when evaluations were done, many more weeks went by before the very brief reports were sent. Therefore, our Chicago parents began to feel an inequality of services. Their only hope was private testing which fortunately was available through The Dominican Education Center at Rosary College under the direction of Sister Rita McCloskey, Concordia College and the Ashlock Learning Center.

Again prescriptions were made - these were either for classroom remediation or full time placement in a learning disability center. These parents had to choose between their Chicago public school or a private one. There was not release time available as a result of private testing and in the case of anything non-public, finances played a part.

By the end of last year it was becoming clearer to us that somehow in the near future we would have to obtain someone trained in learning disabilities on a full or part time basis. This was a shaky financial prospect.

Then last December, Doctor Ashlock approached Sr. Carol Coenen, our Principal and me with an idea that gave us a feeling of "resurrection". His plan was to help us identify children with learning difficulties, prescribe for them and somehow, sometime help us set up our own center.

Since January our project has been evolving rapidly, becoming more exciting and more time consuming. At present we have approximately 46 students in process. By this I mean that they are on a step-by-step program toward diagnosis and remediation.

We first asked all of our staff to identify students who were having learning or achieving problems. From the 97 names submitted, we sent letters to the parents explaining the program along with authorization sheets for release of information. The response was quite positive; 83 accepting. We then asked each parent to separately fill out a check list compiled by the Ashlock Learning Center and the teachers to check a similar list of characteristics. Meanwhile our school nurse compiled vision and hearing reports for the students. Then each student was given the WISC-R.

The record keeping both at St. Giles and the Ashlock Learning Center became enormous as all the material had to be sent out, collected and filed. I was fortunate to have one of our retired Sisters, Sr. Caroline Walsh, to do my secretarial work.

After all the data was collected a report was written on each child containing recommendations for further diagnostic testing. So far our parents and children were benefitting without fee but it looked as if the next phase would need to be privately financed until Mrs. Lillian Stevenson, Assistant Professor of Special Education at Northeastern Illinois University, who had heard of the project through Doctor Ashlock invited us to use her clinical practicum students this summer to further the diagnostic testing, which is now in progress with 15 graduate students working under supervision with 46 children.

Indeed the pieces were falling into place.

Two other services which will be of future use will be diagnostic tests ordered through the category of Guidance under Title IV and the borrowing of materials from the library of the West Suburban Association for Special Education. Through these we are trying to utilize opportunities that have been funded by the government.

Where do we go from August? We have converted a workroom in the convent for our Center. This is a beginning. We will have 46 students diagnosed and prescribed by the middle of August. Graduate students from Northeastern will work with some of our students as part of their teaching practicum under the supervision of Doctor Ashlock. These will be students who need less than a half day's remediation. Those needing half day and full time remediation will have to be referred elsewhere for this year.

This is a resume of what one Catholic School has tried to do with resources available.

What suggestions do we have for you? First, investigate fully what services your public school district has and get your foot in the door. They must service your children under the law. Secondly, if you are near an institute of higher learning, see what services you can obtain in the way of testing, practice teachers, etc. Third - check about obtaining materials through Title IV and investigate to see whether there is a chapter of the Association of Children with Learning Disabilities in your area. Often speakers and materials are available through this group. They will also lobby for legislation.

And finally, locate your friendly neighborhood Psychologist named Jones or Brown - ours is named Ashlock!

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AN INVITATION

The reader is invited to telephone or write us concerning how our project is progressing and/or information we might give you.

Some of this information might be:

- a. Parish bulletin explaining the project.
- b. Permission form for parents to sign
- c. The Ashlock Learning Center checklists.

Anything we have learned at the "grass roots" level, we shall be happy to share with you.

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